SLAITS NATIONAL ASTHMA SURVEY
NATIONAL SAMPLE - 2003
CATI SPECIFICATIONS

_____

_____

INTRODUCTION TO THE NIS/NAS SAMPLE:

Hello, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a nationwide immunization study to find out how many children under 4 years of age are receiving all of the recommended vaccinations for childhood diseases. Your telephone number has been selected at random to be included in the study.

INTRODUCTION TO THE NAS-ONLY SAMPLE:

Hello, my name is [INTERVIEWER NAME]. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a survey comparing people who do not have asthma with people who do have asthma. Your telephone number has been selected at random to be included in this important study. For most households, the interview will be very brief.

S1   Am I speaking to someone who lives in this household who is over 17 years old?

     (1) YES, I AM THAT PERSON   **[SKIP TO S_NUMB IF NIS/NAS SAMPLE. SKIP TO ROSTER IF NAS-ONLY SAMPLE]**

     (2) THIS IS A BUSINESS   **[TERMINATE]**
     (3) NEW PERSON COMES TO PHONE   **[SKIP BACK TO INTRO]**
     (7) REFUSED   **[TERMINATE]**
     (8) DOESN'T LIVE IN HOUSEHOLD   **[SCHEDULE APPT]**
     (9) NO PERSON AT HOME WHO IS OVER 17   **[SCHEDULE APPT]**

     HELP SCREEN: IF R SAYS 'GROUP QUARTERS': BARRACKS, DORMITORIES, HOSPITALS, SCHOOLS SHOULD BE CODED AS "DOES NOT LIVE IN HOUSEHOLD"

S_NUMB   How many children between the ages of 12 months and 3 years old are living or staying in your household? Please do not include children who have had their third birthdays.

     IF ONE OR MORE, ENTER
     NUMBER OF CHILDREN   ___   **[RANGE IS 00 TO 09]**

NIS-ELIGIBLES SKIP TO NIS INTERVIEW. AFTER NIS INTERVIEW IS COMPLETE, GO TO SLAITS TRANSITION.

NIS-INELIGIBLES GO TO SLAITS TRANSITION.

SLAITS TRANSITION FOR NIS/SLAITS SAMPLE:

> Now I have some important questions for both adults and children in your household that will allow us to compare people who do and do not have asthma. If nobody in your household has asthma, the interview will be very brief.

ROSTER   I need to ask questions about just one person in your household. Please tell me how many people of all ages live in your household.

ENTER NUMBER   ____

(96) DON'T KNOW
(97) REFUSED

HELP SCREEN: EACH PERSON IN THE HOUSEHOLD MUST BE A CURRENT RESIDENT OF THE HOUSEHOLD. A CURRENT RESIDENCE IS DEFINED AS A PLACE WHERE THE PERSON IS STAYING FOR MORE THAN TWO MONTHS AT THE TIME OF THE SURVEY CONTACT. IF A PERSON HAS NO PLACE WHERE HE OR SHE USUALLY STAYS, THEY SHOULD BE CONSIDERED A CURRENT RESIDENT REGARDLESS OF THE LENGTH OF THE CURRENT STAY.

PERSONS AWAY FROM THEIR RESIDENCE FOR TWO MONTHS OR LESS, WHETHER TRAVELING OR IN THE HOSPITAL, ARE CONSIDERED "IN RESIDENCE."

PERSONS AWAY FROM THEIR RESIDENCE FOR MORE THAN TWO MONTHS ARE CONSIDERED "NOT IN RESIDENCE" UNLESS THEY ARE AWAY AT SCHOOL (I.E., BOARDING SCHOOL, MILITARY ACADEMY, OR PREP SCHOOL, ETC.).

CHILDREN WHO ONLY LIVE PART-TIME IN THE HOUSEHOLD BECAUSE OF CUSTODY ISSUES SHOULD BE INCLUDED IF THEY ARE STAYING THERE WHEN CONTACT WITH THE HOUSEHOLD IS MADE.

FEMROSTER   **[IF NIS WAS DONE, USE THIS TEXT:**

I need to ask these questions about just one person in your household.
Earlier, you told me that there are **[FILL VALUE]** people living in your household.
Of these people, how many are female?

ELSE:

Of these people, how many are female?

ENTER NUMBER   ____

(96) DON'T KNOW
(97) REFUSED

INVITE_NAS   The person selected for the interview is the **[SELECTED PERSON]** in your household.

> (1) PRESS 1 TO CONTINUE
> (2) PRESS 2 IF PERSON VOLUNTEERS "THAT'S ME"
> (3) PRESS 3 IF SAMPLED RESPONDENT CALLED TO PHONE   **[SKIP TO INT_INTR2]**

R_ASTHMX01 **(IF INVITE_NAS= 2, 3 OR NUMBER OF PEOPLE ROSTERED = 1, USE FIRST FILLS THROUGH R_SEX. OTHERWISE USE SECOND FILLS)**
(Have you/Has the [SELECTED PERSON]) ever been told by a doctor or other health professional that **{you have/(he has/she has)}** asthma?

(1) YES	**[SKIP TO CUR_AST]**
(2) NO	**[SKIP TO R_DOB]**
(6) DON'T KNOW	**[SKIP TO R_DOB]**
(7) REFUSED	**[SKIP TO R_DOB]**

HELP SCREEN: RESPONDENT SHOULD ONLY ANSWER "YES" IF THEY OR ANYONE ELSE LIVING IN THE HOUSEHOLD HAS BEEN DIAGNOSED WITH ASTHMA BY A HEALTH CARE PROVIDER (EXERCISE INDUCED ASTHMA COUNTS AS HAVING ASTHMA). THIS IS NOT AN OPINION-BASED QUESTION. IF THE RESPONDENT THINKS HE/SHE HAS ASTHMA BUT HAS NEVER BEEN TOLD SO SPECIFICALLY FROM A HEALTH CARE PROVIDER, THE QUESTION SHOULD BE CODED AS 'NO'.

CUR_AST

(Do you/Does he/Does she) still have asthma?
(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

R_DOB   Please tell me **(your age/the age of the [SELECTED PERSON]) in your household)**.

ENTER NUMBER   ____

(996) DON'T KNOW	**[SKIP TO AGECAT]**
(997) REFUSED	**[SKIP TO REFAGE3]**

REFAGE3   I would like to assure you that all information will be kept in strict confidence and will be summarized for research purposes only. We need to know the age of the selected person to determine which questions to ask.

(1)	RESPONDENT WILL GIVE AGE	**[SKIP BACK TO R_DOB]**
(7)	REFUSED	**[SKIP TO AGECAT]**

AGECAT   For the purposes of this survey, it is important to get at least an age range for the person selected for the interview. Would you please tell me if the **[SELECTED PERSON]** is 18 years of age or older?

(1) UNDER 18	**[SKIP TO AGECAT_K]**
(2) 18 OR OLDER	**[SKIP TO AGECAT_A]**
(6) DON'T KNOW	**[SKIP TO REFAGE2]**
(7) REFUSED	**[SKIP TO REFAGE2]**

AGECAT_K   Would you say that the **[SELECTED PERSON]** is:

          (1) 0 to 5   **[SKIP TO R_SEX]**
          (2) 6 to 11 or   **[SKIP TO R_SEX]**
          (3) 12 to 17 years of age   **[SKIP TO R_SEX]**
          (6) DON'T KNOW   **[SKIP TO REFAGE2]**
          (7) REFUSED   **[SKIP TO REFAGE2]**

AGECAT_A   Would you say that the **[SELECTED PERSON]** is:

          (1) 18 to 24   **[SKIP TO R_SEX]**
          (2) 25 to 34   **[SKIP TO R_SEX]**
          (3) 35 to 44   **[SKIP TO R_SEX]**
          (4) 45 to 54   **[SKIP TO R_SEX]**
          (5) 55 to 64 or   **[SKIP TO R_SEX]**
          (6) 65 or older   **[SKIP TO R_SEX]**
          (96) DON'T KNOW   **[SKIP TO REFAGE2]**
          (97) REFUSED   **[SKIP TO REFAGE2]**

REFAGE2   These are all the questions I have. I would like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you have spent answering these questions.

R_SEX   READ IF NECESSARY: **(Are you/Is the [AGE] year old)** male or female?
          (1) MALE
          (2) FEMALE
          (7) REFUSED

[IF R_DOB < 18 THEN SKIP TO INVITE_K. IF INVITE_NAS= 2,3 OR ROSTER = 1, THEN SKIP TO INFORMED CONSENT LOGIC. ELSE, SKIP TO WHOAREYOU]

WHOAREYOU [READ IF NECESSARY] Are you the **[AGE]** year old?
          (1) YES   **[SKIP TO INFORMED CONSENT]**
          (2) NO   **[SKIP TO INVITE_A]**

INVITE_A   May I please speak with **[AGE]** year old who lives in your household?

(1) YES, I AM THAT PERSON	**[SKIP TO INFORMED CONSENT LOGIC]**
(2) NEW PERSON COMES TO PHONE	**[SKIP TO INT_INTR2]**
(3) THE PERSON IS NOT AVAILABLE	**[IF R_ASTHMX01 = 1, SKIP TO CONTACT. ELSE, SKIP TO INFORMED CONSENT LOGIC.]**
(4) UNABLE TO DO THE INTERVIEW DUE TO ILLNESS	**[SKIP TO PROXY]**
(5) RESPONDENT DOES NOT SPEAK ENGLISH/SPANISH	**[TERMINATE]**
(7) REFUSED	**[TERMINATE]**

INVITE_K   May I please speak with the parent or guardian who lives in this household and who knows the most about the **[AGE]** year old's health?

(1) YES, I AM THAT PERSON	**[SKIP TO INFORMED CONSENT LOGIC]**
(2) NEW PERSON COMES TO PHONE	**[SKIP TO INT_INTR2]**
(3) THE PERSON IS NOT AVAILABLE	**[IF R_ASTHMX01 = 1, SKIP TO CONTACT. ELSE, SKIP TO INFORMED CONSENT LOGIC]**
(4) UNABLE TO DO THE INTERVIEW DUE TO ILLNESS	**[SKIP TO PROXY]**
(5) RESPONDENT DOES NOT SPEAK ENGLISH/SPANISH	**[TERMINATE]**
(7) REFUSED	**[TERMINATE]**

INT_INTR2 (3.3K)

IF SELECTED PERSON IS UNDER 18, DISPLAY THIS TEXT:
Hello, my name is [INTERVIEWER NAME]. I'm calling on behalf of the Centers for Disease Control and Prevention. I have some questions about the **[AGE]** year old in your household. These questions will allow us to compare (IF R_DOB LE 12: children/IF R_DOB > 12: youth) who do and do not have asthma. You were selected at random to be included in this important study. (IF R_ASTHMX01 = 2,6,7: If the **[AGE]** year old does not have asthma, the interview will be very brief.)

IF SELECTED PERSON IS 18 OR OLDER, DISPLAY THIS TEXT:
Hello, my name is [INTERVIEWER NAME]. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a survey comparing people who do and do not have asthma. You were selected at random to be included in this important study. (IF R_ASTHMX01 = 2,6,7: If you do not have asthma, the interview will be very brief.)

(1) CONTINUE WITH INTERVIEW
**[IF INVITE_A OR INVITE_K = 2, SKIP TO INFORMED CONSENT.
IF INVITE_NAS= 3, RETURN TO R_ASTHMX01.]**
(2) HUNG UP DURING 1ST/2ND SENTENCE
(3) HUNG UP AFTER 2ND SENTENCE
(4) HUNG UP AFTER 3RD SENTENCE

CONTACT   **[IF R_ASTHMX01 = 2,6,7 THEN SKIP TO INFORMED CONSENT LOGIC]**

Since the **[IF SAMPLED PERSON < 18 THEN FILL: person who knows the most about the]** **[AGE]** year old is not available, I have just a few questions for you. Before we get to those, what would be a good time to call back to speak with the **[IF SAMPLED PERSON < 18 THEN FILL: person who knows the most about the][AGE]** year old?

[SCHEDULE APPOINTMENT AND THEN RETURN TO INFORMED CONSENT LOGIC]

INFORMED CONSENT LOGIC

IF R_ASTHMX01 = 1 SKIP TO INFORMED CONSENT FOR ASTHMA HOUSEHOLDS.

IF R_ASTHMX01 = 2,6,7 SKIP TO INFORMED CONSENT FOR NON-ASTHMA HOUSEHOLDS.

INFORMED CONSENT FOR ASTHMA HOUSEHOLDS:

Before we continue, I'd like you to know that this research is authorized by the U.S. Public Health Service Act so your answers will be kept strictly private.   Your participation is voluntary. You may choose not to answer any question you don't want to answer or stop at any time without penalty. This survey will take about **([IF INVITE_A = 3 OR INVITE_K =3]: 5 minutes. ELSE FILL: 15 minutes)**. You may choose not to answer any question you don't want to answer or stop at any time without penalty. In order to evaluate my performance, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

INFORMED CONSENT FOR NON-ASTHMA HOUSEHOLDS:

(IF INVITE_A = 3 OR INVITE_K OR INVITE_NAS= 2,3 OR WHO = 1 OR ROSTER = 1: Since **(you do/the [AGE] year old does)** not have asthma, I have just a few more questions for you.) Before we continue, I'd like you to know that this research is authorized by the U.S. Public Health Service Act so your answers will be kept strictly private.   Your participation is voluntary. You may choose not to answer any question you don't want to answer or stop at any time without penalty. This survey will take about **([IF INVITE_A = 3 OR INVITE_K =3]: 5 minutes. ELSE FILL: 15 minutes)**. In order to evaluate my performance, my supervisor may record and listen as I ask the questions. I'd like to continue now unless you have any questions.

DECISION LOGIC

ASTHMA HOUSEHOLDS:

IF THE SAMPLED PERSON OR MOST KNOWLEDGEABLE PERSON FOR A SAMPLED CHILD IS AVAILABLE, THEN BEGIN DETAILED INTERVIEW WITH RELA_CHILD IF SELECTED PERSON IS UNDER 18 OR WITH OTH_CHLD IF SELECTED PERSON IS AN ADULT.

ELSE
IF THE SELECTED ADULT OR THE MOST KNOWLEDGEABLE PERSON FOR A SAMPLED CHILD IS UNAVAILABLE, THEN SKIP TO PROXYREL, AND THEN TO INS1.

NON-ASTHMA HOUSEHOLDS:

IF THE SAMPLED PERSON OR MOST KNOWLEDGEABLE PERSON FOR A SAMPLED CHILD IS AVAILABLE, THEN SKIP TO RELA_CHLD IF SELECTED PERSON IS UNDER 18 AND THEN SKIP TO INS1, OR SKIP TO INS1 IS SELECTED PERSON IS 18 OR OLDER.

ELSE
IF SOMEONE IN THE HOUSEHOLD DOES NOT HAVE ASTHMA AND (THE SELECTED PERSON COMES TO THE PHONE OR THE MOST KNOWLEDGEABLE PERSON COMES TO THE PHONE IF THE SAMPLED PERSON < 18) THEN SKIP TO OTH_CHLD.

ELSE
IF THE SELECTED ADULT OR THE MOST KNOWLEDGEABLE PERSON FOR A SAMPLED CHILD IS UNAVAILABLE, THEN SKIP TO PROXYREL, AND THEN TO INS1.

PROXY   Can you or someone else in the household answer the questions for **[the [AGE] year old]?**

                              (1)   YES, ME   **[SKIP TO PROXYREL]**
                              (2)   YES, SOMEONE ELSE   **[SKIP TO PROXYSPEAK]**
                              (3)   NO   **[SKIP TO T_END AND CODECASE AS 989[1]]**

PROXYSPEAK   May I speak with that person?
                              (1) YES   **[WHEN PERSON COMES TO PHONE, SKIP TO PROXY1]**
                              (2) NO   **[CALLBCK3]**

PROXY1

          Hello, my name is [INTERVIEWER NAME]. I'm calling on behalf of the Centers for Disease Control and Prevention. We're conducting a survey comparing people who do not have asthma with people who do have asthma. I would like to ask you questions about **[the [AGE] year old]'s** experiences with asthma. If **[the [AGE] year old]** does not have asthma, this important interview will be very brief.

          (1) CONTINUE WITH INTERVIEW   **[GO TO PROXYREL]**
          (2) HUNG UP DURING 1ST/2ND SENTENCE   **[GO TO RQ01]**
          (3) HUNG UP AFTER 2ND SENTENCE   **[GO TO RQ01]**
          (4) HUNG UP AFTER 3RD SENTENCE   **[GO TO RQ01]**

PROXYREL   What is your relationship to **[the [AGE] year old]**?

          SPOUSE..01
          UNMARRIED PARTNER, BOYFRIEND/
          GIRLFRIEND ....…....02
          CHILD... 03
          GRANDCHILD... 04
          MOTHER (BIRTH/ADOPTIVE/STEP/
          FOSTER/OTHER) ....…..... 05
          FATHER (BIRTH/ADOPTIVE/STEP/
          FOSTER/OTHER) 06
          BROTHER/SISTER.................................... 07
          GRANDFATHER/GRANDMOTHER.................... 08
          OTHER RELATIVE 09
          FOSTER CHILD....................................... 10
          HOUSEMATE/ROOMMATE................................ 11
          ROOMER/BOARDER.. 12
          OTHER NON-RELATIVE 13
          UNRELATED LEGAL GUARDIAN....................... 90
          DON'T KNOW………………………………… 96
          REFUSED………………………………………… 97

[IF SAMPLED PERSON OR MOST KNOWLEDGEABLE PERSON FOR SAMPLED CHILD IS UNAVAILABLE, SKIP TO INS1.
ELSE, IF PROXY = '1', SKIP TO AGEDGNOS.
ELSE, IF PROXY = '2' , SKIP TO INFORMED CONSENT LOGIC]

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[1] SLAITS – Sampled Respondent is Impaired, No Proxy

RELA_CHLD (3.3L)

[RELA_CHLD IS ONLY ASKED FOR AGE < 18]

What is your relationship to **[the [AGE] year old]** who lives in this household?

(01) MOTHER (STEP, FOSTER, ADOPTIVE) OR FEMALE GUARDIAN
(02) FATHER (STEP, FOSTER, ADOPTIVE) OR MALE GUARDIAN
(03) SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
(04) IN-LAW OF ANY TYPE
(05) AUNT/UNCLE
(06) GRANDPARENT
(07) OTHER FAMILY MEMBER
(08) FRIEND
(96) DON'T KNOW
(97) REFUSED

OTH_CHLD (3.3M)

IF THE DETAILED INTERVIEW RESPONDENT IS THE SAME AS THE SCREENER RESPONDENT, SKIP TO AGEDGNOS.

{Have you/Has [the [AGE] year old]} ever been told by a doctor or other health professional that **{you have /he has /she has}** asthma?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

[CATI: IF OTH_CHLD = 2,6,7 THEN SKIP TO INS1. ELSE CONTINUE.]

AGEDGNOS (3.4)

How old **{were you/was [the [AGE] year old]}** when **{you were/he or his parent or guardian was/she or her parent or guardian was}** first told by a doctor or other health professional that **{you/he/she}** had asthma?

_____(ENTER AGE IN YEARS)
[RANGE CHECK: (001-115, 997, 997)]

(996) DON'T KNOW
(997) REFUSED

CUR_AST2 (3.5)

**IF THE DETAILED INTERVIEW RESPONDENT IS THE SAME AS THE
SCREENER RESPONDENT, SKIP TO LAST_MD**

{Do you/Does [the [AGE] year old]} still have asthma?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

LAST_MD (3.6)

How long has it been since **{you/[the [AGE] year old]or [the [AGE] year old]'s
parents or guardians/you}** last talked to a doctor or other health professional about
{your/his/her} asthma?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

(00) NEVER
(04) WITHIN THE PAST YEAR
(05) 1 YEAR TO LESS THAN 3 YEARS AGO
(06) 3 YEARS TO 5 YEARS AGO
(07) MORE THAN 5 YEARS AGO
(96) DON'T KNOW
(97) REFUSED

LAST_MED (3.7)

How long has it been since **{you/[the [AGE] year old]}** last took asthma medication?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

(00) NEVER
(01) LESS THAN ONE DAY AGO
(02) 1-6 DAYS AGO
(03) 1 WEEK TO LESS THAN 3 MONTHS AGO
(04) 3 MONTHS TO LESS THAN 1 YEAR AGO
(05) 1 YEAR TO LESS THAN 3 YEARS AGO
(06) 3 YEARS TO 5 YEARS AGO
(07) MORE THAN 5 YEARS AGO
(96)DON'T KNOW
(97)REFUSED

INTRODUCTION FOR LASTSYMP:

READ: **Symptoms** of asthma include coughing, wheezing, shortness of breath, chest
tightness or phlegm production when {you do not/**[the [AGE] year old]**does not} have a
cold or respiratory infection.

LASTSYMP (3.8)

How long has it been since **{you/[the [AGE] year old] }** last had any symptoms of asthma?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

(00) NEVER
(01) LESS THAN ONE DAY AGO
(02) 1-6 DAYS AGO
(03) 1 WEEK TO LESS THAN 3 MONTHS AGO
(04) 3 MONTHS TO LESS THAN 1 YEAR AGO
(05) 1 YEAR TO LESS THAN 3 YEARS AGO
(06) 3 YEAR TO 5 YEARS AGO
(07) MORE THAN 5 YEARS AGO
(96)DON'T KNOW
(97)REFUSED

IF SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND IF THEY ANSWERED "NEVER " OR "MORE THAN ONE YEAR AGO" TO SEEING A DOCTOR ABOUT ASTHMA, TAKING ASTHMA MEDICATION, AND SHOWING SYMPTOMS OF ASTHMA (CUR_AST = 2 AND LAST_MD = 00, 05,06,07 AND LAST_MED= 00, 05,06,07, AND LAST_SYMP= 00, 05,06,07), SKIP TO INS1.

ELSE, CONTINUE TO SECTION 4.

[IF LASTSYMP ³4 AND £7, SKIP TO EPIS_INT
IF LASTSYMP=0 (NEVER), SKIP TO EPIS_INT]

SYMP_30D (4.1)

During the past 30 days, how many days did **{you/[the [AGE] year old/NAME]}** have any symptoms of asthma?

__ __DAYS
[RANGE CHECK: (00-30, 96, 97)]

                                                  [SKIP TO ASLEEP30]

 (00) NO SYMPTOMS IN THE PAST 30 DAYS   **[S KIP TO EPIS_12M]**
(30) EVERY DAY   **[CONTINUE]**
(96) DON'T KNOW   **[SKIP TO ASLEEP30]**
(97) REFUSED   **[SKIP TO ASLEEP30]**

DUR_30D (4.2)

{Do you/Does [the [AGE] year old/NAME]} have symptoms all the time?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: "ALL THE TIME" MEANS SYMPTOMS THAT CONTINUE THROUGHOUT THE DAY. IT DOES NOT MEAN SYMPTOMS FOR A LITTLE WHILE EACH DAY.

ASLEEP30 (4.3)

During the past 30 days, on how many days did symptoms of asthma make it difficult for **{you/[the [AGE] year old/NAME]}** to stay asleep?

__ __ DAYS/NIGHTS
[RANGE CHECK: (00-30, 96, 97)]

(00) NONE
(96) DON'T KNOW
(97) REFUSED

SYMPFREE (4.4)

During the past two weeks, on how many days **{were you/was [the [AGE] year old/NAME]}** completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

__ __ Number of days
[RANGE CHECK: (00-14, 96, 97)]

 (96) DON'T KNOW
(97) REFUSED

EPIS_INT

**[IF LASTSYMP ≥ 5 AND ≤ 7, SKIP TO INS1
IF LASTSYMP=0 (NEVER), SKIP TO INS1]**

READ: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make **{you limit your/limit[the [AGE] year old/NAME]'s}** activity more than **{you usually do/[he/she] usually does},** or make **{you/him/her}** seek medical care.

EPIS_12M (4.5)

[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], **{have you/has [the [AGE] year old/NAME]}** had an episode of asthma or an asthma attack?

(1) YES
(2) NO   **[SKIP TO INS1]**
(6) DON'T KNOW   **[SKIP TO INS1]**
(7) REFUSED   **[SKIP TO INS1]**

HELP SCREEN: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make {you limit your/limit[the [AGE] year old/NAME]'s} activity more than {you usually do/[he/she] usually does}, or make {you/him/her} seek medical care.

EPIS_TP (4.6)

During the past three months, how many asthma episodes or attacks **{have you/has [the [AGE] year old/NAME]}** had?

__ __ ATTACKS OR EPISODES DURING PAST 3 MONTHS
[RANGE CHECK: (000-100, 996, 997)]

(000) NONE
(996) DON'T KNOW
(997) REFUSED

DUR_ASTH (4.7)

How long did **{your/[the [AGE] year old/NAME]'s}** most recent asthma episode or attack last?

__ __ __
[RANGE CHECK: (01-59, 96-97)]

DUR2ASTH

ENTER PERIOD
MINUTES   1
HOURS   2
DAYS   3
WEEKS   4
DK   6
REFUSED   7

COMPASTH (4.8)

Compared with other episodes or attacks, was this most recent attack shorter, longer, or about the same?

(1) SHORTER
(2) LONGER
(3) ABOUT THE SAME
(4) THE MOST RECENT ATTACK WAS ACTUALLY THE FIRST ATTACK
(6) DON'T KNOW
(7) REFUSED

INS1   {**Do you/Does [CHILD'S NAME]**} have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

(1) YES   **[SKIP TO INS2]**
(2) NO
(6) DON'T KNOW
(7) REFUSED

IF ((INS1 = 2,6,7) AND
        (SAMPLED PERSON HAS ASTHMA AND A PROXY IS DOING THE INTERVIEW) OR
        (SAMPLED PERSON DOES NOT HAVE ASTHMA) OR
        (SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND ANSWERED "NEVER "
        OR "MORE THAN ONE YEAR AGO" TO SEEING A DOCTOR ABOUT ASTHMA, TAKING
        ASTHMA MEDICATION, AND SHOWING SYMPTOMS OF ASTHMA))
        SKIP TO HH_INT.

IF INS1 = 1, CONTINUE TO INS2.
ELSE, SKIP TO NER_TIME.

INS2   **[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months']**, was there any time that {**you/[CHILD'S NAME]**} did not have any health insurance or coverage?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

IF   (SAMPLED PERSON HAS ASTHMA AND A PROXY IS DOING THE INTERVIEW) OR
        (SAMPLED PERSON DOES NOT HAVE ASTHMA) OR
        (SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND ANSWERED "NEVER "
        OR "MORE THAN ONE YEAR AGO" TO SEEING A DOCTOR ABOUT ASTHMA, TAKING
        ASTHMA MEDICATION, AND SHOWING SYMPTOMS OF ASTHMA))
        SKIP TO HH_INT.

ELSE, CONTINUE TO NER_TIME.

NER_TIME (5.1)   **[IF LAST_MD= 0,5,6,7; SKIP TO MISS_DAY]**

[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], how many times did {**you/[the [AGE] year old/NAME]**} see a doctor or other health professional for a routine checkup for {**your/his/her**} asthma?

__ __ __ ENTER NUMBER
[RANGE CHECK: (000-365, 996, 997)]

 (000) NONE
(996) DON'T KNOW
(997) REFUSED

ER_VISIT (5.2) [IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], {have you/has [the [AGE] year old/NAME]} had to visit an emergency room or urgent care center because of {your/his/her} asthma?

(1) YES
(2) NO   [SKIP TO URG_TIME]
(6) DON'T KNOW
(7) REFUSED

ER_TIMES (5.3) [IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], how many times did {you/[the [AGE] year old/NAME]} visit an emergency room or urgent care center because of {your/his/her} asthma?

__ __ __ ENTER NUMBER
[RANGE CHECK: (000-365, 996, 997)]

(996) DON'T KNOW
(997) REFUSED

URG_TIME (5.4) [IF ONE OR MORE ER VISITS (ER_TIMES (5.3)) INSERT "Besides those emergency room or urgent care center visits,"] [IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], how many times did {you/[the [AGE] year old/NAME]} see a doctor or other health professional for urgent treatment of worsening asthma symptoms or an asthma episode or attack?

__ __ __ ENTER NUMBER
[RANGE CHECK: (000-365, 996, 997)]

(000) NONE
(996) DON'T KNOW
(997) REFUSED

HOSP_VST (5.5) [IF LASTSYMP ≥ 5 OR ≤ 7, SKIP TO MISS_DAY
IF LASTSYMP=0 (NEVER), SKIP TO MISS_DAY]

[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], that is since [1 YEAR AGO TODAY], {have you/has [the [AGE] year old/NAME]} had to stay overnight in a hospital because of {your/his/her} asthma? Do not include an overnight stay in the emergency room.

(1) YES
(2) NO   [SKIP TO MISS_DAY]
(6) DON'T KNOW   [SKIP TO MISS_DAY]
(7) REFUSED   [SKIP TO MISS_DAY]

HOSPTIME (5.6A)

[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], how many different times did {you/[the [AGE] year old/NAME]} stay in any hospital overnight or longer because of {your/his/her} asthma?

__ __ __ TIMES
[RANGE CHECK: (001-365, 996, 997)]
(996) DON'T KNOW
(997) REFUSED
[SKIP TO HOSPPLAN IF R RESPONDS WITH 996 OR 997]

HOSPPLAN (5.7)

The last time {you/[the [AGE] year old/NAME]} left the hospital, did a health professional talk with {you/[the [AGE] year old/NAME] or [the [AGE] year old/NAME] parents or guardians} about how to better control {your/his/her} asthma to prevent serious episodes or attacks and hospitalizations in the future?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

MISS_DAY (5.8A)

[SKIP THIS QUESTION AND HTIME_CONF, IF INTERVIEW IS FOR SAMPLED CHILD] During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

__ __ __ ENTER NUMBER DAYS
[RANGE CHECK: (000-365, 996, 997)]

(000) ZERO
(996) DON'T KNOW
(997) REFUSED
[SKIP TO MISS_SCH IF R RESPONDS WITH 996 OR 997]

MISS_SCH (5.8C)

[SKIP THIS QUESTION IF INTERVIEW IS FOR SAMPLED ADULT
FOR CHILDREN 0-4 INSERT "DAYCARE OR PRESCHOOL"
FOR CHILDREN 5-13 INSERT "SCHOOL",
FOR CHILDREN 14-17 INSERT "SCHOOL OR WORK"]

[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], that is since [1 YEAR AGO TODAY] about how many days of [daycare or preschool/school/school or work] did {[the [AGE] year old/NAME]} miss because of [his/her] asthma?

__ __ __ ENTER NUMBER
[RANGE CHECK: (000-365, 994, 995, 996, 997)]

(000) ZERO
(994) CHILD DID NOT GO TO SCHOOL IN PAST 12 MONTHS
(995) HOME SCHOOLED
(996) DON'T KNOW
(997) REFUSED THIS QUESTION

ACT_DAYS (5.9)

[IF R_DOB = 000, FILL: 'Since birth' / ELSE FILL: 'During the past 12 months'], would you say **{you/[the [AGE] year old/NAME]}** limited **{your/his/her}** usual activities due to asthma not at all, a little, a moderate amount, or a lot?

(1) NOT AT ALL
(2) A LITTLE
(3) A MODERATE AMOUNT
(4) A LOT
(6) DON'T KNOW
(7) REFUSED

TCH_SIGN (6.1)

Has a doctor or other health professional ever taught **[IF R_DOB < 006 THEN FILL: {you/ or/[the [AGE] year old/NAME]'s parent or guardian}, ELSE FILL: {you/[the [AGE] year old/NAME] or/[the [AGE] year old/NAME]'s parent or guardian}....**

a. How to recognize early signs or symptoms of an asthma episode?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

TCH_RESP (6.2)

(Has a doctor or other health professional ever taught **[IF R_DOB < 006 THEN FILL: {you/ or/[the [AGE] year old/NAME]'s parent or guardian}, ELSE FILL: {you/[the [AGE] year old/NAME] or/[the [AGE] year old/NAME]'s parent or guardian}....**

b. What to do during an asthma episode or attack?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

TCH_MON (6.3)

(Has a doctor or other health professional ever taught **[IF R_DOB < 006 THEN FILL: {you/ or/[the [AGE] year old/NAME]'s parent or guardian}, ELSE FILL: {you/[the [AGE] year old/NAME] or/[the [AGE] year old/NAME]'s parent or guardian}....**

c. How to use a peak flow meter, a device that measures how much air you can blow out of your lungs, to adjust daily medications?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

MGT_PLAN (6.4)

An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional ever given **[IF R_DOB < 006 THEN FILL: {you/ or/[the [AGE] year old/NAME]'s parent or guardian}, ELSE FILL: {you/[the [AGE] year old/NAME] or/[the [AGE] year old/NAME]'s parent or guardian}.** an asthma management plan?
[READ IF NECESSARY: Include nurses and asthma educators]

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

MGT_CLAS (6.5)

[IF R_DOB < 006 THEN FILL: {Have you/ or/Has [the [AGE] year old/NAME]'s parent or guardian}, ELSE FILL: {Have you/Has [the [AGE] year old/NAME] or/[the [AGE] year old/NAME]'s parent or guardian}....ever taken a course or class on how to manage **{your/his/her}** asthma?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

IF   (SAMPLED PERSON HAS ASTHMA AND A PROXY IS DOING THE INTERVIEW) OR
(SAMPLED PERSON DOES NOT HAVE ASTHMA):
ASK ONLY HH_INT - S_INSIDE, AND CIGARETS - UNEMP_R (EXCEPTING WORK_ENV) IN
THIS SECTION. THEN SKIP TO SECTION 9.

ELSE,
IF   SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND IF THEY ANSWERED
"NEVER " OR "MORE THAN ONE YEAR AGO" TO SEEING A DOCTOR ABOUT ASTHMA,
TAKING ASTHMA MEDICATION, AND SHOWING SYMPTOMS OF ASTHMA: ASK ONLY
HH_INT - S_INSIDE, AND CIGARETS - UNEMP_R IN THIS SECTION. THEN, SKIP TO
SECTION 8.

ELSE, CONTINUE

HH_INT

> **READ:** The following questions are about **(your/the [AGE] year old's/[NAME]'s)**
> household and living environment.
>
> **(IF R_ASTHMX01 = 1)** I will be asking about various things that may be related to
> experiencing asthma symptoms.

AIRCLEANER (7.1)

> Is an air cleaner or purifier regularly used inside your home?
>
> (1) YES
> (2) NO
> (6) DON'T KNOW
> (7) REFUSED

DEHUMID (7.2)

> Is a dehumidifier regularly used to reduce moisture inside your home?
>
> (1) YES
> (2) NO
> (6) DON'T KNOW
> (7) REFUSED

KITC_FAN (7.3)

> Is an exhaust fan that vents to the outside used regularly when cooking in your kitchen?
>
> (1) YES
> (2) NO
> (6) DON'T KNOW
> (7) REFUSED

COOK_GAS (7.4)

Is gas used for cooking?

(1) Yes
(2) NO
(6) DON'T KNOW
(7) REFUSED

ENV_MOLD (7.5)

In the past 30 days, has anyone seen or smelled mold or a musty odor inside your home? Do not include mold on food.

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

ENV_PETS (7.6)

Does your household have indoor pets such as dogs, cats, hamsters, birds or other feathered or furry pets that are kept inside?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

C_ROACH (7.7)

In the past 30 days, has anyone seen cockroaches inside your home?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: Studies have shown that cockroaches are a leading cause of asthma in children that live in urban areas. Cockroach droppings and carcasses can cause children to experience symptoms of asthma.

WOOD_STOVE (7.8)

Is a fireplace or wood burning stove used in your home?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS "YES".

GAS_STOVE (7.9)

Are unvented gas logs, an unvented gas fireplace, or an unvented gas stove used in your home?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: "Unvented" means no chimney.

S_INSIDE (7.10)

In the past week, has anyone smoked inside your home?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: "Smoked" means "anything."

MOD_ENV (7.11)

For adult interview READ:
[FILL ONLY IF QUESTIONS HH_INT THROUGH S_INSIDE WERE ASKED OF THIS RESPONDENT: Now, back to questions specifically about you.]
Has a health professional ever advised you to change things in your home, school, or work to improve your asthma?

For child interview READ:
[FILL ONLY IF QUESTIONS HH_INT THROUGH S_INSIDE WERE ASKED OF THIS RESPONDENT: Now, back to questions specifically about the [AGE] year old/NAME].
Has a health professional ever advised you to change things in **[the [AGE] year old/NAME]**home, school, or work to improve **[the [AGE] year old/NAME]**asthma?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

MATTRESS (7.12)

{Do you/Does [the [AGE] year old/NAME]} use a mattress cover that is made especially for controlling dust mites?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

E_PILLOW (7.13)

{Do you/Does [the [AGE] year old/NAME]} use a pillow cover that is made especially for controlling dust mites?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

CARPET (7.14)

Do you have carpeting or rugs in **{your/[the [AGE] year old/NAME]'s}** bedroom?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

HOTWATER (7.15)

Are **{your/[the [AGE] year old/NAME]'s}** sheets and pillowcases washed in cold, warm, or hot water?

(1) COLD
(2) WARM
(3) HOT
(6) DON'T KNOW
(7) REFUSED

BATH_FAN (7.16)

{In your/[the [AGE] year old/NAME]'s} bathroom, **{do you/does [the [AGE] year old/NAME]}** regularly use an exhaust fan that vents to the outside?

(1) YES
(2) NO OR "NO FAN"
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTIONS REFERS TO THE BATHROOM THEY USE MOST FREQUENTLY FOR SHOWERING AND BATHING.

PETBEDRM (7. 17)

Is the pet allowed in **{your/[the [AGE] year old/NAME]'s}** bedroom?

[SKIP THIS QUESTION IF ENV_PETS = 2,6,7]

(1) YES
(2) NO
(3) SOME ARE/SOME AREN'T
(6) DON'T KNOW
(7) REFUSED

CIGARETS (7.18)

[SKIP TO OTC, IF INTERVIEW IS FOR SAMPLED CHILD]

Have you smoked at least 100 cigarettes in your entire life?

(1) YES
(2) NO   **[SKIP TO EMP_STAT]**
(6) DON'T KNOW   **[SKIP TO EMP_STAT]**
(7) REFUSED   **[SKIP TO EMP_STAT]**

CIG_FREQ (7.20)

Do you now smoke cigarettes every day, some days or not at all?

(1) EVERY DAY
(2) SOME DAYS
(3) NOT AT ALL
(6) DON'T KNOW
(7) REFUSED

EMP_STAT (7.21)

We are interested in things that affect asthma in the workplace, however, first I'd like to ask how you would describe your current employment status? Would you s ay **{you/[the [AGE] year old/NAME]}** …

(1) Employed full-time
(2) Employed part-time
(3) Not Employed
(6) DON'T KNOW
(7) REFUSED

[CATI: IF PROXY INTERVIEW, SKIP TO UNEMP_R. ELSE, SKIP TO WORKENV2]

WORKENV2 (7.22)

Was your asthma caused or made worse by chemicals, smoke, fumes or dust in any job you ever had?

(1) YES   **[SKIP TO OTC]**
(2) NO   **[SKIP TO OTC]**
(3) NEVER BEEN EMPLOYED   **[SKIP TO OTC]**
(6) DON'T KNOW   **[SKIP TO OTC]**
(7) REFUSED   **[SKIP TO OTC]**

UNEMP_R (7.23)

What is the main reason you are not employed?

(01) KEEPING HOUSE
(02) GOING TO SCHOOL
(03) RETIRED
(04) DISABLED
(05) UNABLE TO WORK FOR OTHER HEALTH REASONS
(06) LOOKING FOR WORK
(07) LAID OFF
(08) OTHER
(96) DON'T KNOW
(97) REFUSED

OTC (8.1)

[IF LAST_MED = 0 (NEVER), SKIP TO SECTION 9.

ELSE, IF SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND ANSWERED "NEVER " OR "MORE THAN ONE YEAR AGO" TO SEEING A DOCTOR ABOUT ASTHMA AND SHOWING SYMPTOMS OF ASTHMA, AND THEY HAVE NOT TAKEN ASTHMA MEDICATION IN THE LAST 3 YEARS, ASK OTC, INHALERE, INHALERH. THEN SKIP TO SECTION 9.

ELSE, CONTINUE.]

Over-the-counter medication can be bought without a doctor's order. **{Have you/Has [the [AGE] year old/NAME]}** ever used over-the-counter medication for your/his/her asthma?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

INHALERE (8.2)

{Have you/Has [the [AGE] year old/NAME]} ever used a prescription inhaler?

(1) YES
(2) NO   **[SKIP TO SCR_MED1]**
(6) DON'T KNOW   **[SKIP TO SCR_MED1]**
(7) REFUSED   **[SKIP TO SCR_MED1]**

INHALERH (8.3)

Did a health professional show **{you/[the [AGE] year old/NAME] or [the [AGE] year old/NAME] parents or guardians}** how to use the inhaler?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

SCR_MED1 (8.4)

[IF LAST_MED = 0, 4, 5,6,7,96, or 97, SKIP TO SECTION 9]

Now I am going to ask questions about specific prescription medications **{you /[the [AGE] year old/NAME]}** may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often **{you take/[the [AGE] year old/NAME] takes}** each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It may help to get **{your/[the [AGE] year old/NAME]'s}** medicines so you can read the labels. Are **{your/ [the [AGE] year old/NAME]'s}** asthma medicines handy?

(1)	YES	
(2)	NO	**[SKIP TO INH_SCR]**
(3)	RESPONDENT KNOWS THE MEDS	**[SKIP TO INH_SCR]**
(6)	DON'T KNOW	
(7)	REFUSED	**[SKIP TO INH_SCR]**

SCR_MED2 (8.5)

Can you please go get the asthma medicines while I wait on the phone?

(1)	YES	
(2)	NO	**[SKIP TO INH_SCR]**
(6)	DON'T KNOW	
(7)	REFUSED	**[SKIP TO INH_SCR]**

SCR_MED3 (8.6)

Am I correct that you have all the medications?

(1) YES I HAVE ALL THE MEDICATIONS
(2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL
(3) NO
(6) DON'T KNOW
(7) REFUSED

INH_SCR (8.7)

In the past 3 months**, {have you/has [the [AGE] year old/NAME]}** taken prescription asthma medicine using an inhaler?

(1)	YES	
(2)	NO	**[SKIP TO PILLS]**
(6)	DON'T KNOW	**[SKIP TO PILLS]**
(7)	REFUSED	**[SKIP TO PILLS]**

INH_MEDS (8.8)

In the past 3 months, what medications did {you/[the [AGE] year old/NAME]} take by inhaler? [**MARK ALL THAT APPLY. PROBE: Any other medications?**]

	Brand Name	Type (not shown in CATI)
01	Advair	
02	Aerobid	Corticosteroids
03	Albuterol	beta 2 agonist
04	Alupent	beta 2 agonist
05	Atrovent	Anti-inflammatories
06	Azmacort	Corticosteroids
07	Beclomethasone dipropionate	Corticosteroids
08	Beclovent	Corticosteroids
09	Bitolterol	beta 2 agonist
10	Brethaire	beta 2 agonist
11	Budesonide	Corticosteroids
12	Combivent	
13	Cromolyn	Anti-inflammatories
14	Flovent	inhaled corticosteroid
15	Flovent Rotadisk	inhaled corticosteroid
16	Flunisolide	Corticosteroids
17	Fluticasone	inhaled corticosteroid
18	Intal	Anti-inflammatories
19	Ipratropium Bromide	Anti-inflammatories
20	Maxair	beta 2 agonist
21	Metaproteronol	beta 2 agonist
22	Nedocromil	Anti-inflammatories
23	Pirbuterol	beta 2 agonist
24	Proventil	beta 2 agonist
25	Pulmicort Turbuhaler	Corticosteroids
26	Salmeterol	Corticosteroids (LONG LASTING)
27	Serevent	beta 2 agonist (LONG LASTING)
28	Terbutaline	beta 2 agonist
29	Tilade	Anti-inflammatories
30	Tornalate	beta 2 agonist
31	Triamcinolone acetonide	Corticosteroids
32	Vanceril	Corticosteroids
33	Ventolin	beta 2 agonist
34	Other, Please Specify	**[SKIP TO OTH_I1]**

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-33, SKIP TO ILP01]
(5) NO PRESCRIPTION INHALERS   **[SKIP TO PILLS]**
(6) DON'T KNOW   **[SKIP TO REC_MED1]**
(7) REFUSED   **[SKIP TO PILLS]**

OTH_I1

      ENTER OTHER MEDICATION

[ADMINISTER QUESTIONS REC_MED1 THROUGH DK7INHLR, ONLY IF RESPONDENT RESPONDS WITH "DON'T KNOW" FOR QUESTION INH_MEDS (8.8)]

INTRODUCTION FOR REC_MED1:

READ: I'm going to read a list of medicines to see if you recognize the name of any of the medications **{you have/[CHILD'S NAME] has}** taken, please let me know if you hear the name.

DK1INHLR (8.8A)

In the past three months, did **{you /[the [AGE] year old/NAME]}** take Flovent or Flovent Rotadisk using an inhaler?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK2INHLR (8.8B)

In the past three months, did **{you /[the [AGE] year old/NAME]}** take:

Beclovent, Vanceril, Beclomethasone dipropionate,
Pulmicort Turbuhaler, Budesonide,
Aerobid, Flunisolide,
Azmacort or Triamcinolone acetonide?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK3INHLR (8.8C)

In the past three months, did **{you /[the [AGE] year old/NAME]}** take:

Ventolin, Proventil, Albuterol,
Alupent, Metaproteronol,
Tornalate, Bitolterol,
Maxair, Pirbuterol
Brethaire, Terbutaline
Serevent?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK4INHLR (8.8D)

In the past three months, did {you/[the [AGE] year old/NAME]} take:

  Intal, Cromolyn,
  Tilade, or Nedocromil

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK5INHLR (8.8E)

In the past three months, did {you/[the [AGE] year old/NAME]} take:

  Atrovent or Ipratropium Bromide

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK6INHLR (8.8F)

Did {you/[the [AGE] year old/NAME]} take a medication by inhaler that we have not mentioned?

(1) YES   [SKIP TO 8.8G]
(2) NO
(6) DON'T KNOW
(7) REFUSED
[SKIP TO 8.9]

DK7INHLR (8.8G)

Will you please tell me what that medication was?

_____

ILP01 (8.9)
[LOOP BACK TO ILP01 AS NECESSARY TO ADMINSTER QUESTIONS ILP01 THRU ILP11 FOR EACH MEDICINE REPORTED IN INH_MEDS, OR IF AN ANSWER OF (1) "YES" IS GIVEN FOR QUESTIONS DK1INHLR THROUGH DK7INHLR
IF AN ANSWER OF (1) "YES" IS PROVIDED DURING QUESTIONS DK1INHLR THROUGH DK7INHLR, USE THE PHRASE "THIS MEDICATION" FOR FILL [MEDICINE FROM INH_MEDS SERIES]FOR QUES TIONS ILP01 THROUGH ILP11]

How long **{have you/has [the [AGE] year old/NAME]}** been taking **[MEDICINE FROM INH_MEDS SERIES]**? Would you say less than 6 months, 6 months to 1 year, or longer than 1 year.

(1) Less than 6 months
(2) 6 months to 1 year
(3) Longer than 1 year
(6) DON'T KNOW
(7) REFUSED

ILP02 (8.10)

A spacer is a small attachment for an inhaler that makes it easier to use. **{Do you/Does [the [AGE] year old/NAME]}** use a spacer with **[MEDICINE FROM INH_MEDS SERIES]**?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way, especially for young children.

ILP03 (8.11A)

[IF INH_MEDS = 3, 4, 9, 10, 20, 21, 23, 24, 28, 30, 33, OR DK3INHLR (8.8C) = 1 OTHERWISE, SKIP TO ILP06]

In the past 3 months, did **{you/[the [AGE] year old/NAME]}** take **[MEDICINE FROM INH_MEDS SERIES]** when **{you/he/she had}** an asthma episode or attack?

(1) YES
(2) NO
(3) NO ATTACK IN PAST 3 MONTHS
(6) DON'T KNOW
(7) REFUSED

ILP04 (8.11B)   [IF THE AGE OF THE CHILD IS LESS THAN 6 YEARS OLD, SKIP TO ILP05]

In the past 3 months, did **{you/[the [AGE] year old/NAME]} take [MEDICINE FROM INH_MEDS SERIES]** before exercising?

(1) YES
(2) NO
(3) DIDN'T EXERCISE IN PAST 3 MONTHS
(6) DON'T KNOW
(7) REFUSED

ILP05 (8.11C)

In the past 3 months, did **{you/[the [AGE] year old/NAME]} take [MEDICINE FROM INH_MEDS SERIES]** on a regular schedule everyday?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

ILP06 (8.12)

[ADMINISTER THIS QUESTION ONLY IF INH_MEDS IS ONE OR MORE OF THE FOLLOWING RESPONSES: 14, 15, 17; OR DK1INHLR = 1; OTHERWISE, SKIP TO ILP07]

Is the dosage 44, 50, 100, 110, 220, or 250 micrograms for the Flovent?

(1)   44 MICROGRAMS
(2)   50 MICROGRAMS
(3)   100 MICROGRAMS
(4)   110 MICROGRAMS
(5)   220 MICROGRAMS
(6)   250 MICROGRAMS
(7)   TOOK MORE THAN 1 IN PAST 3 MONTHS
(96) DON'T KNOW
(97) REFUSED

ILP07 (8.13A)

On average, how many puffs **{do you/does [the [AGE] year old/NAME]}** take each time **{you use/he uses/she uses} [MEDICINE FROM INH_MEDS SERIES]**?

__ __ PUFFS EACH TIME
[RANGE CHECK: (01-95, 96, 97)]

(96) DON'T KNOW
(97) REFUSED
[IF RESPONDENT ANSWERS WITH ILP07=96 OR 97, SKIP TO ILP09]

ILP09 (8.14)

How many times per day or per week **{do you/does [the [AGE] year old/NAME]}** use **[MEDICINE FROM INH_MEDS SERIES]**?

__ __ __
[RANGE CHECK: (001-900, 994, 996-997)]

(994) LESS OFTEN THAN ONCE A WEEK   **[SKIP TO ILP11]**
(996) DON'T KNOW   **[SKIP TO ILP11]**
(997) REFUSED   **[SKIP TO ILP11]**

ILP10

ENTER PERIOD

PER DAY   1
PER WEEK   2
DK   6
REFUSED   7

ILP11 (8.15)

How many full canisters of this inhaler **{have you /has [the [AGE] year old/NAME]}** used in the past 3 months?

___ CANISTERS
(96) DON'T KNOW
(97) REFUSED
[RANGE CHECK: (00-95, 96, 97)]

HELP SCREEN: IF RESPONDENT INDICATES HE/SHE HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE IN PURSE, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY CANISTERS HE/SHE USED.

PILLS (8.16)

In the past 3 months, **{have you/has [the [AGE] year old/NAME]}** taken any medicine in pill form for your/his/her asthma?

(1) YES
(2) NO   **[SKIP TO SYRUP]**
(6) DON'T KNOW   **[SKIP TO SYRUP]**
(7) REFUSED   **[SKIP TO SYRUP]**

PILLS_MD (8.17) What medications **{do you/does [the [AGE] year old/NAME]}** take in pill form?
[**MARK ALL THAT APPLY. PROBE: Any other medications?**]

	Medication	**Type not shown in CATI)**
01	Accolate	Leukotriene Modifiers
02	Aerolate	Methylxanthines
03	Albuterol	Beta 2 agonist – Rescue Bronchodilators
04	Alupent	Beta 2 agonist – Rescue Bronchodilators
05	choledyl	Methylxanthines
06	Cromolyn	Anti-Inflammatories
07	Deltasone	Corticosteriods
08	Elixophyllin	Methylxanthines
09	Intal	Anti-Inflammatories
10	Marax	Methylxanthines
11	Medrol	Corticosteriods
12	Metaprel	Beta 2 agonist – Rescue Bronchodilators
13	Metaproteronol	Beta 2 agonist – Rescue Bronchodilators
14	Methylpredinisolone	Corticosteriods
15	Montelukast	Leukotriene Modifiers
16	Nedocromil	Corticosteriods
17	Pediapred	Corticosteriods
18	Prednisolone	Corticosteriods
19	Prednisone	Corticosteriods
20	Prelone	Corticosteriods
21	Proventil	Beta 2 agonist – Rescue Bronchodilators
22	Quibron	Methylxanthines
23	Respid	Methylxanthines
24	Singulair	Leukotriene Modifiers
25	Slo-phyllin	Methylxanthines
26	Slo-bid	Methylxanthines
27	Sustaire	Methylxanthines
28	Theo-24	Methylxanthines
29	Theobid	Methylxanthines
30	Theochron	Methylxanthines
31	Theoclear	Methylxanthines
32	Theodur	Methylxanthines
33	Theo-Dur	Methylxanthines
34	Theolair	Methylxanthines
35	Theophylline	Methylxanthines
36	Theo-Sav	Methylxanthines
37	Theospan	Methylxanthines
38	Theox	Methylxanthines
39	Tilade	Corticosteriods
40	T-Phyl	Methylxanthines
41	Unidur	Methylxanthines
42	Uniphyl	Methylxanthines
43	Ventolin	Beta 2 agonist – Rescue Bronchodilators
44	Volmax	Beta 2 agonist – Rescue Bronchodilators
45	Zafirlukast	Leukotriene Modifiers
46	Zileuton	Leukotriene Modifiers
47	Zyflo Filmtab	Leukotriene Modifiers
48	Other, Please Specify: **[SKIP TO OTH_P1]**	

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-47, SKIP TO PILLX]

(5) NO PILLS	**[SKIP TO SYRUP]**
(6) DON'T KNOW	**[SKIP TO REC_MED2]**
(7) REFUSED	**[SKIP TO SYRUP]**

OTH_P1

ENTER OTHER MEDICATION

[ADMINSTER QUESTIONS REC_MED2 THROUGH DK7_PILL, ONLY IF RESPONDENT RESPONDS WITH "DON'T KNOW" FOR QUESTION PILLS_MD (8.17)]

INTRODUCTION TO REC_MED2:

> **READ**: I'm going to read a list of medicines to see if you recognize the name of the medications **{you have/[CHILD'S NAME] has}** taken within the past three months. If you recognize any that were taken, please let me know.

DK1_PILL (8.17A)

> Did **{you /[the [AGE] year old/NAME]}** take:
>
> Accolate or Zafirlukast
> Zyflo Filmtab or Zileuton
> Singulair or Montelukast
>
> (1) YES
> (2) NO
> (6) DON'T KNOW
> (7) REFUSED

DK2_PILL (8.17B)

> Did **{you /[the [AGE] year old/NAME]}** take:
>
> Intal   or   Cromolyn
> Tilade   or   Nedocromil
>
> (1) YES
> (2) NO
> (6) DON'T KNOW
> (7) REFUSED

DK3_PILL (8.17C)

> Did **{you /[the [AGE] year old/NAME]}** take:
>
> Medrol , Methylpredinisolone,
> Deltasone, Prednisone
> Pediapred,
> Prelone, or Prednisolone?
>
> (1) YES
> (2) NO
> (6) DON'T KNOW
> (7) REFUSED

DK4_PILL (8.17D)

Did **{you /[the [AGE] year old/NAME]}** take:

Proventil, Ventolin, Volmax or Albuterol
Alupent, Metaprel or Metaproteronol

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK5_PILL (8.17E)

Did **{you /[the [AGE] year old/NAME]}** take:

Theophylline, Elixophyllin, Theo-Dur, choledyl , Theo-Sav, Theospan, Theoclear, T-Phyl, Theodur, Unidur, Uniphyl, Aerolate, Theox, Marax, Theobid, Quibron, Theo-24, Sustaire, Slo-phyllin, Slo -bid, Respid, Theochron, or Theolair?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK6_PILL (8.17F)

Did **{you/[the [AGE] year old/NAME]}** take a medication in pill form that we have not mentioned?

(1) YES   **[SKIP TO DK7_PILL]**
(2) NO   **[SKIP TO PILLX]**
(6) DON'T KNOW   **[SKIP TO PILLX]**
(7) REFUSED   **[SKIP TO PILLX]**

DK7_PILL (8.17G)

Will you please tell me what that medication was?

_____

[REPEAT QUESTION PILLX AS NECESSARY FOR EACH PILL REPORTED IN PILLS_MD, OR IF AN ANSWER OF (1) "YES" IS GIVEN FOR QUESTIONS: DK1_PILL THROUGH DK7_PILL.
IF AN ANSWER OF (1) "YES" IS PROVIDED DURING QUESTIONS DK1_PILL THROUGH DK7_PILL, USE THE PHRASE "THIS MEDICATION" FOR FILL [MEDICATION LISTED IN PILLS_MD]FOR QUESTION PILLX]

PILLX (8.18)

How long **{have you/has [the [AGE] year ol d/NAME]}** been taking **[MEDICATION LISTED IN PILLS_MD]**?

(1) Less than 6 months
(2) 6 months to 1 year
(3) Longer than 1 year
(6) DON'T KNOW
(7) REFUSED

SYRUP (8.19)

In the past 3 months, **{have you/has [the [AGE] year old/NAME]}** taken prescription medicine in syrup form?

(1) YES
(2) NO   **[SKIP TO NEB_SCR]**
(6) DON'T KNOW   **[SKIP TO NEB_SCR]**
(7) REFUSED   **[SKIP TO NEB_SCR]**

SYRUP_ID (8.20)

What prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken as a syrup? **[MARK ALL THAT APPLY. PROBE: Any other medications?]]**

	Medication
01	Aerolate
02	Albuterol
03	Alupent
04	Metaproteronol
05	Prednisolone
06	Prelone
07	Proventil
08	Slo-Phyllin
09	Theophyllin
10	Ventolin
11	Other, Please Specify: **[SKIP TO OTH_S1]**

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB_SCR]

(96) DON'T KNOW   **[SKIP TO REC_MED3]**
(97) REFUSED   **[SKIP TO NEB_SCR]**

OTH_S1

ENTER OTHER MEDICATION.

[ADMINSTER QUESTIONS REC_MED3 THROUGH DK6_SYRP, ONLY IF RESPONDENT RESPONDS WITH "DON'T KNOW" FOR QUESTION SYRUP_ID (8.20)]

INTRODUCTION FOR REC_MED3:

READ: I'm going to read a list of medicines to see if you recognize the name of the medications **{you have/[CHILD'S NAME] has}** taken within the past three months.

DK1_SYRP (8.20A)

Which of these prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken as a syrup?

Alupent or Metaproteronol

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK2_SYRP

(Which of these prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken as a syrup?)

Ventolin or Proventil or Albuterol

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK3_SYRP

(Which of these prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken as a syrup?)

Aerolate, Slo-Phyllin, or Theophyllin

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK4_SYRP

(Which of these prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken as a syrup?)

Prelone or Prednisolone

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK5_SYRP (8.20B)

Did **{you/[the [AGE] year ol d/NAME]}** take a medication in syrup form that we have not mentioned?

(1) YES
(2) NO   **[SKIP TO NEB_SCR]**
(6) DON'T KNOW   **[SKIP TO NEB_SCR]**
(7) REFUSED   **[SKIP TO NEB_SCR]**

DK6_SYRP (8.20C)

Will you please tell me what that medication was?

_____

NEB_SCR (8. 21)

A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of **{your/[the [AGE] year old/NAME]'s}** asthma medicines used with a nebulizer?

(1) YES
(2) NO   **[SKIP TO BRO_N]**
(6) DON'T KNOW   **[SKIP TO BRO_N]**
(7) REFUSED   **[SKIP TO BRO_N]**

NEB_ID (8.22)

In the past 3 months, what prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken using a nebulizer? **[MARK ALL THAT APPLY. PROBE: Any other medications?]**

	Medication
01	Albuterol
02	Alupent
03	Cromolyn
04	Intal
05	Metaproteronol
06	Proventil
07	Ventolin
08	Other, Please Specify: **[SKIP TO OTH_N1]**

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-07, SKIP TO BRO_N]

(96) DON'T KNOW   **[SKIP TO DK1_NEB]**
(97) REFUSED   **[SKIP TO BRO_N]**

OTH_N1

ENTER OTHER MEDICATION

[ADMINSTER QUESTIONS DK1_NEB THROUGH DK5_NEB, ONLY IF RESPONDENT RESPONDS WITH "DON'T KNOW" FOR QUESTION NEB_ID (8.22)]

DK1_NEB (8.22A)

In the past 3 months, which of these prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken using a nebulizer?

Alupent or Metaproteronol

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK2_NEB

(In the past 3 months**,** which of these prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken using a nebulizer?)

Ventolin Proventil or Albuterol

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK3_NEB

(In the past 3 months, which of these prescriptions medications **{have you/has [the [AGE] year old/NAME]}** taken using a nebulizer?)

Intal or Cromolyn

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

DK4_NEB (8.22B)

Did **{you/[the [AGE] year old/NAME]}** take a medication using a nebulizer that we have not mentioned?

(1) YES
(2) NO   **[SKIP TO BRO_N]**
(6) DON'T KNOW   **[SKIP TO BRO_N]**
(7) REFUSED   **[SKIP TO BRO_N]**

DK5_NEB (8.22C)

Will you please tell me what that medication was?

_____

OTHRASTH

Besides **(you/[the [AGE] year old)**, has anyone else in your household ever been told by a doctor or health professional that they have asthma?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

(IF INVITE_A = 3 OR INVITE_K = 3 (PROXY INTERVIEW), SKIP TO OTHER_T)

BRO_N (9.1)

How many biological brothers **[have you/ has the [AGE] year old]** had**?**

__ __NUMBER
[RANGE CHECK: (00-10, 96, 97)]

(00) NONE
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN: RESPONDENTS WHO ARE ADOPTED AND DO NOT HAVE ANY HEALTH INFORMATION REGARDING THEIR BIOLOGICAL PARENTS/SIBLINGS SHOULD BE CODED AS "DON'T KNOW" PARENTS/SIBLINGS THAT ARE DECEASED SHOULD BE INCLUDED. HALF-BROTHERS SHOULD BE INCLUDED.

SIS_N (9.2)

How many biological sisters [**have you/ has the [AGE] year old]** had?

__ __NUMBER
[RANGE CHECK: (00-10, 96, 97)]

 (00) NONE
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN: RESPONDENTS WHO ARE ADOPTED AND DO NOT HAVE ANY HEALTH INFORMATION REGARDING THEIR BIOLOGICAL PARENTS/SIBLINGS SHOULD BE CODED AS "DON'T KNOW" PARENTS/SIBLINGS THAT ARE DECEASED SHOULD BE INCLUDED. HALF-SISTERS SHOULD BE INCLUDED.

PARENTS1 (9.3)

Were either of **[your/[the [AGE] year old]'s]** biological parents ever told they have asthma?

(1) YES
(2) NO   **[SKIP TO BROASTH1]**
(6) DON'T KNOW   **[SKIP TO BROASTH1]**
(7) REFUSED   **[SKIP TO BROASTH1]**

HELP SCREEN: RESPONDENTS WHO ARE ADOPTED AND DO NOT HAVE ANY HEALTH INFORMATION REGARDING THEIR BIOLOGICAL PARENTS/SIBLINGS SHOULD BE CODED AS "DON'T KNOW" PARENTS/SIBLINGS THAT ARE DECEASED SHOULD BE INCLUDED.

PARENTS2 (9.4)

Who?

(1) FATHER
(2) MOTHER
(3) BOTH
(6) DON'T KNOW
(7) REFUSED

BROASTH1 (9.5)

[SKIP THIS QUESTION TO SISASTH1, IF BRO_N=00 (NONE)]
CATI: IF BRO_N=1, ASK: Was **[your/[the [AGE] year olds]'s]** biological brother ever told that he had asthma?

IF BRO_N >1, SKIP TO BROASTH2

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

BROASTH2

How many of **[your/[the [AGE] year old]'s]** biological brothers were ever told they had asthma?

__ __NUMBER
[RANGE CHECK: (00-10, 96, 97)]

 (00) ZERO
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN: RESPONDENTS WHO ARE ADOPTED AND DO NOT HAVE ANY HEALTH INFORMATION REGARDING THEIR BIOLOGICAL PARENTS/SIBLINGS SHOULD BE CODED AS "DON'T KNOW" PARENTS/SIBLINGS THAT ARE DECEASED SHOULD BE INCLUDED.

SISASTH1 (9.6)

[SKIP THIS QUESTION TO GRANDSCR, IF SIS_N=00 (NONE)]

CATI: IF SIS_N=1, ASK: Was [your/[the [AGE] year old]'s] biological sister ever told that she had asthma?

IF SIS_N>1, SKIP TO SISASTH2

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

SISASTH2

CATI: IF SIS_N > 1, ASK: How many of [your/[the [AGE] year old]'s] biological sisters were ever told they had asthma?

__ __NUMBER
[RANGE CHECK: (00-10, 96, 97)]

 (00) ZERO
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN: RESPONDENTS WHO ARE ADOPTED AND DO NOT HAVE ANY HEALTH INFORMATION REGARDING THEIR BIOLOGICAL PARENTS/SIBLINGS SHOULD BE CODED AS "DON'T KNOW" PARENTS/SIBLINGS THAT ARE DECEASED SHOULD BE INCLUDED.

GRANDSCR (9.7)

Were any of [your/[the [AGE] year old]'s] biological grandparents ever told they had asthma?

(1) YES
(2) NO   [SKIP TO INC_TOT]
(6) DON'T KNOW   [SKIP TO INC_TOT]
(7) REFUSED   [SKIP TO INC_TOT]

HELP SCREEN: RESPONDENTS WHO ARE ADOPTED AND DO NOT HAVE ANY HEALTH INFORMATION REGARDING THEIR BIOLOGICAL GRANDPARENTS SHOULD BE CODED AS "DON'T KNOW" GRANDPARENTS THAT ARE DECEASED SHOULD BE INCLUDED.

GRNDASTH (9.8)

Which of **[your/[the [AGE] year old]'s]** biological grandparents were told they had asthma? **[MARK ALL THAT APPLY]**
(1) MOTHER'S MOTHER
(2) MOTHER'S FATHER
(3) FATHER'S MOTHER
(4) FATHER'S FATHER
(6) DON'T KNOW
(7) REFUSED

HELP SCREEN: RESPONDENTS WHO ARE ADOPTED AND DO NOT HAVE ANY HEALTH INFORMATION REGARDING THEIR BIOLOGICAL GRANDPARENTS SHOULD BE CODED AS "DON'T KNOW" GRANDPARENTS THAT ARE DECEASED SHOULD BE INCLUDED.

OTHER_T (11.1)

Now, I just have a few more general questions about you and your household. Do you have any other home phone numbers in addition to **[AREA CODE AND TELEPHONE NUMBER CALLED]**? Please do not include cellular phones in your answer.

(1) YES
(2) NO   **[SKIP TO WO_SERVICE]**
(6) DON'T KNOW   **[SKIP TO WO_SERVICE]**
(7) REFUSED   **[SKIP TO WO_SERVICE]**

SEC_USE (11.2)

Is this second number for home use only, for business use only, or for both home and business use?

(1) HOME ONLY
(2) BUSINESS ONLY   **[SKIP TO THIRD_TN]**
(3) BOTH HOME AND BUSINESS
(6) DON'T KNOW   **[SKIP TO WO_SERVICE]**
(7) REFUSED   **[SKIP TO WO_SERVICE]**

SEC_FAX (11.3)

Is this second number used only for computer or fax communications?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED   **[SKIP TO WO_SERVICE]**

THIRD_TN (11.4)

Do you have a third home phone number in addition to the two you have already told me about? Please do not include cellular phones in your answer.

(1) YES
(2) NO   **[SKIP TO WO_SERVICE]**
(6) DON'T KNOW   **[SKIP TO WO_SERVICE]**
(7) REFUSED   **[SKIP TO WO_SERVICE]**

THIRD_USE (11.5)

Is this third number for home use only, for business use only, or for both home and business use?

(1) HOME ONLY
(2) BUSINESS ONLY   **[SKIP TO WO_SERVICE]**
(3) BOTH HOME AND BUSINESS
(6) DON'T KNOW   **[SKIP TO WO_SERVICE]**
(7) REFUSED   **[SKIP TO WO_SERVICE]**

THIRD_FAX (11.6)

Is this third number used only for computer or fax communications?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

WO_SERVICE (11.7)

During the past 12 months, has your household been without telephone service for 1 week or more? Please do not include cellular phones in your answer.

(1) YES
(2) NO   **[SKIP TO R_ETH_2]**
(6) DON'T KNOW   **[SKIP TO R_ETH_2]**
(7) REFUSED   **[SKIP TO R_ETH_2]**

C11Q21_A (11.8)

For how long was your household without telephone service in the past 12 months?

(ENTER THE DAYS, WEEKS, OR MONTHS THEN CONTINUE TO THE NEXT SCREEN TO ENTER TIME PERIOD.)

ENTER NUMBER __ __ __

(996)   DON'T KNOW   **[SKIP TO R_ETH_2]**
(997)   REFUSED   **[SKIP TO R_ETH_2]**

**[IF DAYS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-365;
IF WEEKS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-52;
IF MONTHS ARE THE CHOSEN TIME PERIOD, RANGE IS 01-12]**

C11Q21 (11.9)

ENTER PERIOD

(1) DAYS
(2) WEEK(S)
(3) MONTH(S)
(6) DON'T KNOW
(7) REFUSED

C11Q21_CNF

Just to confirm that I entered it correctly, I have **[NUMBER/PERIOD]**. Is that correct?

(1) YES
(2) NO   **[SKIP BACK TO C11Q21_A (11.8)]**

R_ETH_2

(Are you/Is [the [AGE] year old]) of Hispanic or Latino origin?

(1) YES
(2) NO
(6) DON'T KNOW
(7) REFUSED

R_RACE2 (2.6)

Now, I'm going to read a list of categories. Please choose one or more of the following categories to describe **(yourself/the [AGE] year old). (Are you/Is [the [AGE] year old])** White, Black or African-American, American Indian, Alaska Native, Asian, or Native Hawaiian or other Pacific Islander?

[MARK ALL THAT APPLY]

(01) WHITE
(02) BLACK/ AFRICAN-AMERICAN
(03) AMERICAN INDIAN
(04) ALASKA NATIVE
(05) ASIAN
(06) NATIVE HAWAIIAN
(07) PACIFIC ISLANDER
(96) DON'T KNOW
(97) REFUSED

HELP SCREEN: BE SURE TO READ THE ENTIRE QUESTION AS WRITTEN (INCLUDING ALL RESPONSE CATEGORIES).

RACE INFORMATION IS COLLECTED BY SELF-IDENTIFICATION. IT IS "WHATEVER RACE YOU CONSIDER YOURSELF TO BE." DO NOT TRY TO EXPLAIN OR DEFINE ANY OF THE GROUPS. MULTIPLE RACES MAY BE SELECTED.

R_EDUC (2.7)

[SKIP IF A PERSON'S AGE IS UNDER 6, I.E. R_DOB_XX < 6]
The next questions are about **(your/the [AGE] year old]'s)** education level. What is the highest level of school that **{you have/[the [AGE] year old] has}** completed?

__ __ ENTER HIGHEST GRADE COMPLETED (1-12)
 (13) GRADUATED HIGH SCHOOL
(14) SOME POST-HIGH SCHOOL, BUT NOT BACHELOR'S DEGREE (B.A.)
(15) COLLEGE GRADUATE – BACHELOR'S DEGREE OR B.A.
(16) SOME GRADUATE OR PROFESSIONAL SCHOOL (WITH OR WITHOUT DEGREE)
(17) PRESCHOOL/HEADSTART
(18) KINDERGARTEN
(19) NO FORMAL SCHOOLING
(96) DON'T KNOW
(97) REFUSED

HEIGHT1
HEIGHT2
HEIGHT3

How tall **{are you/ is the [AGE] year old}** ?

__ __ foot / __ __inches   OR   __ ___centimeters

**[VALUES OF GREATER THAN 8 FEET 11 INCHES OR 250 CENTIMETERS SHOULD NOT BE ALLOWED, VALUE RANGE FOR INCHES 00-72
IF VALUE OF INCHES IS > 11, VALUE OF FEET SHOULD BE 0
IF VALUE OF FEET NE 0, VALUE OF INCHES SHOULD BE < 12]**

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA FOR PEOPLE WHO DO AND DO NOT HAVE ASTHMA.

(96) DON"T KNOW
(97) REFUSED

WEIGHT1
WEIGHT2
WEIGHT3

How much **{do you/ does the [AGE] year old}** weigh?

__ __ __ pounds OR   __ __ __kilograms

(996) DON"T KNOW
(997) REFUSED

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA FOR PEOPLE WHO DO AND DO NOT HAVE ASTHMA.

BIRTHW1
BIRTHW2
BIRTHW3

How much did **[the [AGE] year old]** weigh at birth (in pounds)?

__ __ __ pounds /__ __ __ ounces   OR   __ __ __ __ grams **[SKIP TO INC_TOT]**

(996) DON"T KNOW   **[SKIP TO BIRTHRF]**
(997) REFUSED   **[SKIP TO BIRTHRF]**

BIRTHRF

[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]

At birth, did **[the [AGE] year old/NAME]** weigh less than 5 ½ pounds?

(1) YES
(2) NO
(1) DON'T KNOW
(2) REFUSED

INC_TOT (10.1)

What was the total combined income of your household in **[FILL LAST CALENDAR YEAR]**, including income from all sources including wages, salaries, unemployment payments, public assistance, Social Security or retirement benefits, help from relatives and so forth? Can you tell me that amount before taxes?

RECORD INCOME $_____
(999999996) DK   **[SKIP TO RANGE_20]**
(999999997) REFUSED   **[SKIP TO RANGE_20]**

HELP SCREEN: RESPONDENT MAY GIVE A RANGE AS AN ANSWER TO THIS QUESTION. BE PREPARED TO PROBE FOR A MORE ACCURATE ANSWER.

INC_CONF (10.2)

Just to confirm that I entered it correctly, your income was **[AMOUNT FROM INC_TOT]**. Is that correct?

(1) YES   **[SKIP TO C11Q22]**
(2) NO   **[SKIP BACK TO INC_TOT]**

RANGE_20 (10.3)

For the purposes of this survey, it is important to get at least a range for the total income received by all members of your household in **[FILL YEAR]**. Would you say that the total combined income, before taxes, was above or below $20,000?

MORE THAN $20,000	1	GO TO RANGE_40
$20,000	2	GO TO **C11Q22**
LESS THAN $20,000	3	GO TO RANGE_10
DON'T KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_10 (10.4)

Was the total combined household income more or less than $10,000?

MORE THAN $10,000	1	GO TO RANGE_15
$10,000	2	GO TO **C11Q22**
LESS THAN $10,000	3	GO TO RANGE_7
DON'T KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_7 (10.5)

Was it more than $7,500?

YES	1	GO TO **C11Q22**
NO	2	GO TO **C11Q22**
DON'T KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_15 (10.6)

Was it more than $15,000?

YES	1	GO TO RANGE_17
NO	2	GO TO RANGE_12
DON'T KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_17 (10.7)

Was it more than $17,500?

YES	1	GO TO **C11Q22**
NO	2	GO TO **C11Q22**
DON'T KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_12 (10.8)

Was it more than $12,500?

YES	1	GO TO **C11Q22**
NO	2	GO TO **C11Q22**
DON'T KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_40 (10.9)

Was the total combined household income more or less than $40,000?

MORE THAN $40,000	1	GO TO RANGE_60
$40,000	2	GO TO **C11Q22**
LESS THAN $40,000	3	GO TO RANGE_30
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_60 (10.10)

Was the total combined household income more or less than $60,000?

MORE THAN $60,000	1	GO TO RANGE_75
$60,000	2	GO TO **C11Q22**
LESS THAN $60,000	3	GO TO RANGE_50
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_50 (10.11)

Was the total combined household income more or less than $50,000?

MORE THAN $50,000	1	GO TO **C11Q22**
$50,000	2	GO TO **C11Q22**
LESS THAN $50,000	3	GO TO RANGE_45
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_45 (10.12)

Was the total combined household income more or less than $45,000?

MORE THAN $45,000	1	GO TO **C11Q22**
LESS THAN $45,000	2	GO TO **C11Q22**
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_30 (10.13)

Was the total combined household income more or less than $30,000?

MORE THAN $60,000	1	GO TO RANGE_35
$60,000	2	GO TO **C11Q22**
LESS THAN $60,000	3	GO TO RANGE_25
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_35 (10.14)

Was the total combined household income more or less than $35,000?

MORE THAN $35,000	1	GO TO **C11Q22**
LESS THAN $35,000	2	GO TO **C11Q22**
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_25 (10.15)

Was the total combined household income more or less than $25,000?

MORE THAN $25,000	1	GO TO **C11Q22**
LESS THAN $25,000	2	GO TO **C11Q22**
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

RANGE_75 (10.16)

Was the total combined household income more or less than $75,000?

MORE THAN $75,000	1	GO TO **C11Q22**
$75,000	2	GO TO **C11Q22**
LESS THAN $75,000	3	GO TO **C11Q22**
DONT KNOW	6	GO TO **C11Q22**
REFUSED	7	GO TO **C11Q22**

C11Q22 (11.10)

Please tell me your zip code.

_____ _____ _____ ____ _____ (00001-99997)
(99996) DON'T KNOW
(99997) REFUSED

CWEND

        Those are all the questions I have. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 1 - (866) 7 7 5 - 6 8 5 8. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1-800-223-8118. Thanks again.

        [TERMINATE]

ENDPROX

        Those are all the questions I have for you. I'd like to thank you on behalf of the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. We will be calling back to interview **[the [AGE] year old/NAME]** about **[his/her]** asthma. If you have any questions about this survey, you may call my supervisor toll-free at 1 - (866) 7 7 5 - 6 8 5 8. If you have questions about your rights as a survey participant, you may call the chairman of the Institutional Review Board at 1-800-223-8118. Thanks again.

        [TERMINATE]